



**REPORT OF THE INSURANCE MEDICAL OFFICER FOR
EXTENSION OF ESB BEYOND 309 DAYS**

1. Name & Ins: no. of the I. P. :
2. Diagnosis :
3. Present clinical condition of the Insured person :
4. Brief summary of the case
 - i) Date of onset of symptom :
 - ii) Whether gradual or sudden :
 - iii) Nature of treatment given (out patient with period) (in patient with period) :
 - iv) Investigation carried out with date :
 - v) Whether specialist opinion was obtained - If not, why ? :
 - vi) Whether the case was reviewed by the specialist subsequently. Please mention date and name with designation of the specialist :
 - vii) Line of treatment given and regularly in taking treatment :
 - viii) Date of last review by the specialist :
 - ix) Whether the insured person is having inter current chronic illness :
5. List of treatment papers of the case giving history/investigation done etc. enclosed :
6. Why should this be treated as a special case for granting ESB beyond 309 days :

Dispensary seal with date

Signature of the I. M. O.